FORM GPAC **GENERAL-PURPOSE COMMITTEE COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080702 3 COMMITTEE NAME **OFFICE USE ONLY MEGAPHONE** Date Received OCC RECEIVED A JAN 15'19_{PM}3:49 COMMITTEE STATE: ZIP CODE ADDRESS / PO BOX: APT / SUITE #; CITY; ADDRESS P.O. Box 341028 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Receipt# Amount Date Processed Date Imaged CAMPAIGN MS / MRS / MR **FIRST** TREASURER Mr. Luke NAME NICKNAME LAST **SUFFIX** McAlpin CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE TREASURER 3595 RR 620 S STREET **ADDRESS** Ste. 200 (Residence or Business) Austin, TX 78738 STATE: **CAMPAIGN** STREET OR PO BOX: APT / SUITE #: CITY: ZIP CODE TREASURER P.O. Box 341028 MAILING **ADDRESS** Austin, TX 78734 Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (662) 350-3711 PHONE 9 REPORT January 15 X 30th day before election Dissolution (Attach PAC-DR) TYPE 8th day before election 10th day after campaign treasurer termination July 15 Runoff 10 PERIOD Day Year Month Day Year Month COVERED **THROUGH** 10/28/2018 12/31/2018 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Month Year Other Day Primary Runoff 11/06/2018 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
MEGAPHONE			8000	0702	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if				
	applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location				
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				<u></u>
	Assisted				
	(Identify by name or, if				
	applicable classify by party.)	<u> </u>			
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		s	0.00
TOTALS		OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold		4	0.00
'	2. TOTAL POLITICA			-	
		DGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EVDENDITUDE			MIZED		
EXPENDITURE TOTALS	3, TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	5	0.00
	4. TOTAL POLITICA	L EXPENDITURES		5	31,876.36
					31,010.30
CONTRIBUTION	5. TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	_	
BALANCE	OF THE REPORTIN	G PERIOD		\$	103,853.64
OUTSTANDING	S TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF	THE		
LOAN TOTALS		REPORTING PERIOD		\$	0.00
16 AFFIDAVIT					
		I much or offirm under popular of as	viume the	at the ac	companying raport is
		I swear, or affirm, under penalty of pe true and coπect and includes all infor	mation r	equired	to be reported by me
		under Title 15, Election Code.		•	, ,
		Signature of Ca	mpaign '	Treasure	
AFFIX NOTARY	STAMP / SEAL ABOVE				
r		, t	his the _		day
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

I			0 0/ 10		
17 COMMITT MEGAPI		18 Filer ID 00080702	(Ethics Commission Filers)		
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	s		
9.	SCHEDULE E: LOANS		s		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$ 21,170.86		
11. X	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$		
13.	\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense

Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/10	MEGAPHONE 00080702
4 Date	5 Payee name
11/01/2018	Dropoff Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.99	PO Box 123696
Expenditure from corporate funds	Dallas, TX 75312
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Courier Services
	Counci Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2018	Four One Three Communications LLC
Amount (\$)	Payee address; City; State; Zip Code
\$9,337.01	PO Box 1153
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas, Complete Schedule T.
	Check if Austin, TX, officeholder living expense Media Consulting
	Wedla Consuling
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/31/2018	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$11,722.86	PO Box 341027
Expenditure from	
corporate funds	Austin, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Compliance Services
Complete Chill V if elizant	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	
	· · · · · · · · · · · · · · · · · · ·

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbu

Office Overbead/Regist I

Fees
Food/Beverage Expense
Gill/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transponation Equipment & Refated Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Political Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/3 Rpt: 5/10	MEGAPHONE 00080702
4 Date	5 Payee name
11/01/2018	WELLS FARGO BANK NA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.00	PO BOX 6995
Expenditure from corporate funds	PORTLAND, OR 97228
<u>'</u>	
8 PURPOSE OF	(a) Category (See Categories fisted at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	
Date	Payee name
11/08/2018	WELLS FARGO BANK NA
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO BOX 6995
Expenditure from	
Corporate funds	PORTLAND, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERALDE IOE	Fees Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/10/2018	WELLS FARGO BANK NA
Amount (\$)	Payee address; City; State; Zip Code
\$10,00	PO BOX 6995
410.00	1 0 BOX 0333
Expenditure from	
corporate funds	PORTLAND, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
,	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

٥	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense By - Gitt/Awards/Memorials Expense Printing Expense Cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Te	otal pages Schedule F1:	2 EII ED						-	12	Filer (D	(Ethics Comm	nission Filers)
	Sch: 3/3 Rpt: 6/10		APHONE						ľ	00080702	(23/103/00/1/1/	10000171 110107
4 Da	ate	5 Payee	name									
12	2/31/2018	WELL	.S FARGO	BANK NA								
6 A	mount (\$)	7 Payee	address;	City;	State;	Zip C	ode					
	\$30.00	PO B	OX 6995									
	Expenditure from corporate funds	PORT	LAND, OF	R 97228								
8	PURPOSE	(a) Catego	OFY (See Cate	egories listed at the top	p of this sche	edule)	(b)	Description				
F	OF EXPENDITURE	Fees								de of Texas, Com		
							1	Bank Fee	1, TX	officeholder living	expense	-
							1	Dank Fee				
			. 1077							05	*-1	
9 C	omplete <u>ONLY</u> if direct spenditure to benefit C/OF		te/Officeho	ider name	U	Office so	ugnt			Office he	ala .	
												8

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Travel in District Consulting Expense Food/Beverage Expense Polling Expanse Contributions/ Denations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME Sch: 1/4 Rpt: 7/10 **MEGAPHONE** 00080702 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 6 Payee name RightSide Compliance 11/03/2018 Amount (\$) Payee address; State; Zip Code \$3,082.50 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Services Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Payee name 11/03/2018 RightSide Compliance Amount (\$) Payee address; City; State; Zip Code \$1,147.50 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF Non-Political Political **EXPENDITURE** PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Services Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Contributions/ Donations Made By -Pollina Expense Gilt/Awards/Memorials Expense Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID 00080702 Sch: 2/4 Rpt: 8/10 **MEGAPHONE** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 11/03/2018 RightSide Compliance Payee address; State; Zip Code Amount (\$) PO Box 341027 \$1,777.50 Expenditure from Austin, TX 78734 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/04/2018 RightSide Compliance Amount (\$) Payee address; City; State; Zip Code \$450.00 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF **Political** Non-Political X EXPENDITURE **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Loan Repayment/Reimbursement Event Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 9/10 00080702 **MEGAPHONE** \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 6 Payee name 12/04/2018 RightSide Compliance Amount (\$) Payee address; State; Zip Code City; \$22.50 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF Political Non-Political **EXPENDITURE PURPOSE** 10 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Services Candidate/Officeholder name Office held 11 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 11/07/2018 The Gober Group Payee address; State; Zip Code Amount (\$) City; \$1,044.50 PO BOX 341016 Expenditure from AUSTIN, TX 78734 corporate funds TYPE OF Non-Political **Political** lxl **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Legal Services Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

SCHEDULE F2

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Marres/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Candidate/Officeholder/Politics		Legal Services	Salaries/	Wages/Contract Labor		OTHER (enter a	category not listed above)
			The Instruction Guide ex	cplains how to co	omplete this form.			
1	Total pages Schedule F2:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
L	Sch: 4/4 Rpt: 10/10	MEGAPHO	ONE				00080702	
4	TOTAL OF UNITEMI	ZED UNPAID	INCURRED OBLIG	SATIONS		\$		
5	Date	6 Payee name	е					
	11/07/2018	The Gober	·					
7	Amount (\$)	8 Payee addr		State; Zip Co	ode			
	\$3,181.00	PO BOX 3	41016					
	Expenditure from corporate funds	AUSTIN, T	X 78734					
9	TYPE OF EXPENDITURE	X	Political	Non-Pol	litical		_	
10		(a) Category (See Categories listed at the top o	f this schedule)	(b) Description			
ı	OF EXPENDITURE	Legal Serv	rices				ide of Texas, Com	
ı					Legal Service		, officeholder living	expense
ı					Legal Service			
11	. Complete ONLY if direct		ficeho der name	Office so	ught		Office he	eld
	expenditure to benefit C/O		macrowa rama	011100 301	ug		0.1100 1.10	,,,,
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